

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38517

1. PLACE OF DEATH

County Boone
Township
City Columbia

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 243
St. Ward

2. FULL NAME

(a) Residence No. 603 N. 8th St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 - 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 10 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Boone Co Mo

PARENTS

10. NAME OF FATHER Daniel R. Lyons

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

12. MAIDEN NAME OF MOTHER Elizabeth Morton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

14.

INFORMANT (Address) Charles Troctor 603 N. 8th Columbia Mo

15.

FILED 12/6, 1930 F. W. Duggan REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1930 to Dec 4, 1930, and that that I last saw him alive on Dec 4, 1930, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Cardiac Disease

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Anasarca and Hypostatic Pneumonia (duration) yrs. mos. ds. 2

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. P. Murrin, M. D.

, 19 (Address) Columbia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mem. Park Cem DATE OF BURIAL 12/6/1930

20. UNDERTAKER

B. F. Baker ADDRESS Columbia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 7 9 1931

